

Congressman Adam B. Schiff

PLEASE PRINT

This application is for: ☐ Spring ☐ Fall ☐ Winter ☐ Summer
☐ Quarter ☐ Semester

My internship would begin on _____ and end on _____.

I am required to complete _____ hours of service during this placement.

What days of the week would you be available to work? _____

What hours of the week would you be available to work? _____

Name _____

Address

City / State / Zipcode

Telephone number(s) () ()

Email Address:

Date of birth (optional) – Must be at least 17 years old

High school	Graduation date
-------------	-----------------

Name of educational institution currently attending

Class standing (FR / SPH / JR / SR) Major

What languages, other than English, do you speak?

Career objectives

My academic advisor or internship supervisor is _____

He/she may be reached at ()

In case of emergency, contact

Telephone Number ()	Relationship
---------------------------	--------------

Signature _____ Date _____

For District Office positions return completed application to:

Ann M. Peifer, District Director / Congressman Adam B. Schiff / 35 S. Raymond Avenue, #205 / Pasadena, CA 91105
FAX: (626) 304-0572 • For more information, call (626) 304-2727.

For Washington, D.C., positions, return completed application to:

Ken Kassakhian, Staff Assistant / Congressman Adam B. Schiff / 326 Cannon House Office Bldg./ Washington, D.C. 20515
FAX: (202) 225-5828 • For more information, call (202) 225-4176.

Please include a writing sample with this application.